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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/664,827
		Filing Date	September 19, 2000
		First Named Inventor	Glen H. ERIKSON
		Group Art Unit	1637
		Examiner Name	Suryaprabha Chunduru
Total Number of Pages in This Submission	54	Attorney Docket Number	E1047/20044

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s) Declaration of Dr. J. Hans van de Sande	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Office is authorized to charge or credit our Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd. Customer No. 03000 David M. Tener
Signature	
Date	September 27, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	David M. Tener, Registration No. 37,054
Signature	
Date	September 27, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

Complete If Known

Application Number	09/664,827
Filing Date	September 19, 2000
First Named Inventor	Glen H. ERIKSON
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METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	03-0075
Deposit Account Name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.

The Commissioner is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) during the pendency of this application
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		-20** =		
		- 3** =		

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0	

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for ex parte reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month		\$ 55.00	
116 400	216 200	Extension for reply within second month			
117 920	217 460	Extension for reply within third month			
118 1,440	218 720	Extension for reply within fourth month			
128 1,960	228 980	Extension for reply within fifth month			
119 320	219 160	Notice of Appeal			
120 320	220 160	Filing a brief in support of an appeal			
121 280	221 140	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,280	241 640	Petition to revive - unintentional			
142 1,280	242 640	Utility issue fee (or reissue)			
143 460	243 230	Design issue fee			
144 620	244 310	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Processing fee under 37 CFR 1.17(q)			
126 180	126 180	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))			
179 740	279 370	Request for Continued Examination (RCE)			
169 900	169 900	Request for expedited examination of a design application			
Other fee (specify) _____					
SUBTOTAL (3) (\$)		55.00			

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete If Applicable

Name (Print/Type)	David M. Tener	Registration No. (Attorney/Agent)	37,054	Telephone	(215) 567-2010
Signature		Date	September 27, 2002		

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